

DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM
Administrative Services Office/Contracts
250 South Hotel Street, 5th Floor, Room 510D
Honolulu, Hawaii 96813
Telephone: 808-586-9312

DBEDT APPLICATION FOR GENERAL PROFESSIONAL SERVICES

Company Name: _____

Principal Business Address: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Satellite Locations: _____

List all Professions for which you qualify: _____

Age of Firm: _____ Average # of Employees over the past 5 years: _____

Description of Firm Specialties: _____

List Principals/Partners/Key Employees

List Education/Training/Licenses/Qualifications

Other Personnel/Position(s)

Name of up to 5 clients who may be contacted as references. The first 2 listed references should be references whom have contracted company services within the last 2 years:

(Please include company name, contact person, phone no., and the nature of the work performed for the client)

List types of projects which your company is interested in:

Please provide us with any other information you deem relevant for this application:

You are welcome to attach any promotional or descriptive literature that you wish to submit.

_____ Yes, I have attached promotion or descriptive literature to this application.

_____ No, I have not submitted any attachments to this application.